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KEATING & BENNETT LLP

# Fax

**To:** Mr. Paul Kim                    **From:** Christopher A. Bennett  
**Fax:** 703-872-9303                    **Date:** October 16, 2002  
**Phone:** 703-308-8326                    **Pages:** 14  
**Re:** 09/523,350                        **CC:**

**Comments:**

Dear Examiner Kim,

Please find the following documents for U.S. Application No. 09/523,350:

- Amendment After Final Rejection;
- Petition for one-month Extension of Time;
- Credit Card Form in the Amount of \$110.00;
- Notice of Appeal; and
- Credit Card Form in the Amount of \$320.00.

FAX RECEIVED

OCT 16 2002

GROUP 3700

Respectfully submitted,



Christopher A. Bennett  
For  
Keating & Bennett, LLP  
(Registration No. 46,710)

PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 0651-0043  
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**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Credit Card Payment Form**  
**Please Read Instructions before Completing this Form**

**Credit Card Information**

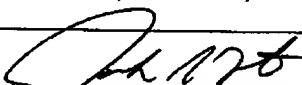
<b>Credit Card Type:</b>	Visa	Master Card	<input checked="" type="checkbox"/> American Express	Discover
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Credit Card Account #: 3715 318560 14001

Credit Card Expiration Date: 05/2006

Name as it Appears on Credit Card: Joseph R. Keating

Payment Amount: \$ (US Dollars): \$320.00

Signature: 

Date: October 16, 2002

**Refund Policy:** The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

**Service Charge:** There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

**Credit Card Billing Address**

Street Address1: 10400 Eaton Place

Street Address2: Suite 312

City: Fairfax

State: VA

Zip/Postal Code: 22030

Country: U.S.A.

Daytime Phone #: (703) 385-5200

Fax #: (703) 385-5080

**Request and Payment Information**

Description of Request and Payment Information:

**Notice of Appeal Fee**

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/523,350	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No	Registration No.	
Attorney Docket No. 36856.283		Identify or Describe Mark	

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